

**ANNEXURE Q**  
**APPLICATION FOR CLOSING AN ACCOUNT**  
**(For Beneficiary Account only)**

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

To,  
 Zuari Finserv Limited  
 Zuari House, Plot No. 2  
 Zamrudpur Community Centre  
 Kailash Colony Extension  
 New Delhi - 110048  
**DP ID: IN301055**

**Sir,**  
**I / We hereby request you to close my/our account with you as per following details:**

Name of the holder(s)

Sole/ First Holder	
Second Holder	
Third Holder	

Reason/s for Closure Depository Account: \_\_\_\_\_

**Client ID** (of account to be closed)

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**Please tick the applicable option(s)**

Option A [There are no balances / holdings in this account]																					
Option B  [Transfer the balances / holdings in this account as per details given]	Transfer to my / our own account <i>(Provide target account details and enclose Client Master Report of Target Account)</i>  Transfer to any other account <i>(Submit duly filled Delivery Instruction Slip signed by all holders)</i>																				
	<b>Target Account Details</b>																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">NSDL</td> <td style="width: 10%;">DP ID</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>CDSL</td> <td>Client ID</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NSDL	DP ID									CDSL	Client ID								
NSDL	DP ID																				
CDSL	Client ID																				
<b>Option C</b> [Rematerialise / Reconvert <i>(Submit duly filled Remat / Reconversion Request Form-for mutual fund units)</i> ]																					

**Signature(s)**

Sole/ First Holder	
Second Holder	
Third Holder	

**ACKNOWLEDGEMENT**

We hereby acknowledge the receipt of your request for closing the following Account subject to verification:

DP ID										Client ID						
Name of Sole / First Holder																
Name of Second Holder																
Name of Third Holder																
Signature of the Authorised Signatory										Seal/ Stamp of Participant						
Date:																